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Follow-up to the outcome of the special session on children

Follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS

Integrated and coordinated implementation of and follow-up to the outcomes of the major United Nations conferences and summits in the economic, social and related fields

2001-2010: Decade to Roll Back Malaria in Developing Countries, Particularly in Africa

Letter dated 6 September 2005 from the Permanent Representative of Japan to the United Nations addressed to the Secretary-General

I have the honour to forward to you the text of the Chair's summary of the High-level Forum on Health Millennium Development Goals in Asia and the Pacific, convened in Tokyo from 21 to 22 June 2005 (see annex). The Forum was attended by health, development and finance ministers from the Asia-Pacific region and representatives from donor countries, international and regional organizations and relevant foundations and partnerships.

The summary takes stock of the progress that has been made in achieving the health-related MDGs while identifying the challenges that remain, and the Government of Japan, as organizer of the event, strongly believes that it will be an important contribution to the deliberations at the 2005 World Summit.

I would be grateful if you would have the present letter and its annex circulated as a document of the General Assembly under agenda items 46, 47, 48 and 49.

(*Signed*) Kenzo **Oshima**
Permanent Representative of Japan to the United Nations

* A/60/150.

05-48273 (E) 220905

Annex to the letter dated 6 September 2005 from the Permanent Representative of Japan to the United Nations addressed to the Secretary-General

22 June 2005
Tokyo

Chair's Summary: High-level Forum on Health Millennium Development Goals in Asia and the Pacific

Introduction

The Government of Japan, in cooperation with the Asian Development Bank, the World Health Organization (WHO), and the World Bank, convened the High-level Forum on Health Millennium Development Goals in Asia and the Pacific from 21 to 22 June 2005 in Tokyo. The Forum was opened by Ichiro Aisawa, Senior Vice-Minister for Foreign Affairs, Hiroyoshi Nishi, Senior Vice-Minister of Health, Labour and Welfare, and Shigeru Omi, Regional Director of the Western Pacific Regional Office of the World Health Organization, with the participation of Ministers in charge of development, finance and health (1 Vice-Prime Minister, 7 Ministers of Health, 2 Ministers of Finance and 1 Minister of Natural Resources and Environment) and equivalent persons from 24 countries in Asia and the Pacific, 6 donor countries and the European Commission, international organizations, regional organizations, foundation and partnerships. The Forum took stock of progress and identified challenges and opportunities for accelerating efforts towards the achievement of the health Millennium Development Goals. Experiences and best practices from Asia and the Pacific will be an important input to the G-8 Gleneagles Summit and the High-level Plenary Meeting of the United Nations General Assembly on the Millennium Declaration. The Forum participants expressed appreciation for Japan's assistance and welcomed the new Health and Development Initiative of Japan. The High-level Forum on Health Millennium Development Goals in Asia and the Pacific will be followed up through annual meetings of the WHO Regional Committees.

Better health is central to the achievement of the Millennium Development Goals, both as an end in itself and as a major contributor to the overarching goal of reducing poverty and to economic growth.

The countries of Asia and the Pacific, as a group, have fared relatively well in reducing poverty (goal 1 of the Millennium Development Goals). However, current conditions indicate that most countries will miss the target regarding reducing child mortality (goal 4), poor progress is observed in improving maternal health (goal 5), and the majority of the countries are not doing well in combating HIV/AIDS, while only modest progress is being made in controlling malaria and other diseases (goal 6). If countries of the region do not take adequate prevention and care measures for combating HIV/AIDS and reduce new infections to at least 50 per cent of the present level, not only will goal 6 become unattainable, but the achievement of goal 1, on poverty, may also be delayed in some countries.

The participants acknowledged the progress made by countries in the region, but there remain many challenges. The participants resolved to strengthen efforts to

achieve the health Millennium Development Goals on the basis of ownership and partnership.

The Forum focused on four key cross-cutting issues that are crucial for achieving the health Millennium Development Goals in Asia and the Pacific, namely (a) strengthening health systems through capacity-building, (b) promoting cross-sectoral actions to achieve the health Millennium Development Goals, (c) securing resources and increasing effectiveness to achieve the health Millennium Development Goals, and (d) ensuring equity in access to quality health services.

Session A: strengthening health systems through capacity-building

Analysis of the current situation and key challenges in the achievement of the health Millennium Development Goals shows that technical interventions are, in fact, available. What is often critically missing is effective health systems that can ensure that these interventions are delivered to those most in need. In particular, effective interventions are failing to reach the most vulnerable groups. Countries need to ensure sustainable public investment in the essential public health functions.

Key dimensions of health systems

Health systems are a means of achieving health outcomes.

Health system performance should be measured by the extent to which the various health Millennium Development Goals and other health outcomes are able to be achieved. This could be taken as evidence of the overall success of the health system.

In many countries, weak health systems pose a considerable obstacle to the achievement of the Millennium Development Goals. National and international support to strengthen these systems is urgently required.

Linking various health programmes can promote synergies to accelerate progress towards the health Millennium Development Goals. For example, sexual and reproductive health and HIV/AIDS programmes could be more successfully integrated, offering women a confidential location for voluntary counselling and testing and family planning services, thus providing an opportunity for intervention in the early stages of HIV.

- Appropriate health-system model to deliver the health Millennium Development Goals

  Clearly there is no single model — countries vary enormously. Even within countries, there may be an overall guiding framework, but there certainly need not be a single system dominated by the public sector.

- Planning, organization and delivery

  Governments have to take the responsibility to ensure the availability of a minimum package of essential health services, especially for the poor. Services can be augmented by public-private partnerships or other strategies.

  Health systems operate in different kinds of settings — for example, fragile States. Getting health systems right in those circumstances may require different approaches.

- Health services regulation

Governance and stewardship are important. The question of regulation of the health sector is more relevant where government is not the sole provider.

Ensuring the quality of health services is a key challenge. PPM-DOTS India demonstrated how Governments can do so by playing a regulation and stewardship role.

- Financing the health system

We have good estimates of the minimum investment needed to establish an adequate health system. Countries need to ensure adequate financing, including pro-poor health-care financing. However, in poorer countries, external assistance will continue to play a vital role.

Donors need to deliver on their internationally agreed commitments. The quality of donor assistance is as important as quantity and can improve health-system performance.

Ways to strengthen health systems

Country-level actions

- Health policies

Health should be encapsulated in an overall clear set of widely understood and known development policies and strategies.

There is a need to ensure national ownership of health-system policies, around which donors should align. Political commitment is important in this regard.

Setting clear priorities is critical. Policies should lead to clear and effective strategies for implementation.

Strengthening the referral system at multiple levels is critical for overall health-system development. Health infrastructure development should be complemented by appropriate human resource development policies.

- Human resources

Addressing human resource shortages and work conditions is a priority within the health-system agenda and requires long-term commitment and planning.

Samoa demonstrated that an appropriate skill mix can promote delivery of services in far-flung areas and can be particularly important for improving service quality and ensuring retention.

Even with a clear commitment to achieving the Millennium Development Goals, managerial and implementation capacity is often weak and needs strengthening.

- Pharmaceuticals and vaccines

As the Sri Lanka case study shows, Governments have a role to play in effectively regulating the supply of affordable essential drugs and vaccines and

their prices and quality. Governments must also ensure an effective drug-storage and distribution system.

Countries also face challenges in keeping prices of drugs and vaccines down, particularly in the context of countries' entry into agreements with the World Trade Organization and the opportunities created under the Agreement on Trade-related Aspects of Intellectual Property Rights.

- Health information, knowledge management and research

There is a need to strengthen capacity in the production and use of quality evidence to support policymaking.

Health information needs to be timely and reliable. Disaggregation of health information by various indicators of social exclusion enables the analysis of equity.

In translating evidence into decision-making, information needs to be packaged in a user-friendly way and factors that push managers to use evidence need to be analysed.

Health-system research can help address important health challenges.

There may be imbalances in the use of research resources, with a large share of the resources being devoted to the health research priorities of developed countries.

It is sometimes more cost-effective to use research capacity in developing countries to undertake health-system research related to their needs and priorities.

Donors have a role to play in supporting health-system research.

Role of international partners, harmonization and global partnerships

Clear domestic polices are important, but they need to be supported by concerted international action in accelerating the achievement of the Millennium Development Goals.

It is critical for donors to align their support with the national Government's mandate and priorities.

There is need for a more coherent architecture of international support that addresses coordination. Donors should use existing national structures rather than set up new ones.

Global initiatives, such as the Global Alliance for Vaccines and Immunization and the Global Fund to Fight AIDS, Tuberculosis and Malaria, have a role to play in strengthening health systems as part of their core business. Harmonization among these initiatives and among the various stakeholders is important.

Session B: cross-sectoral actions to achieve the health Millennium Development Goals

It is well recognized that health is significantly influenced by social and other non-health factors. Achieving the non-health Millennium Development Goals will have a direct impact on the health Millennium Development Goals. Progress on goal

1, on poverty reduction, and goal 2, on primary education, affects progress on goals 4, 5 and 6. In addition, progress on goals 4, 5 and 6 is dependent on goal 7, on environmental sustainability, and goal 8, on global partnership for development. However, the corollary notion that non-health-sector actions are also needed to successfully achieve health sector objectives is not always equally well appreciated. This session discussed governance issues, especially how systematically integrating non-health sector actions in support of desired health outcomes can be achieved through institutionalizing appropriate procedures and organizational arrangements. In particular, it considered examples where institutional mechanisms have been established, in Indonesia and in Kyrgyzstan, to achieve cross-sectoral integration with regard to policy, planning and implementation in support of health-sector objectives.

- A cross-sectoral approach combining health, nutrition, education, agriculture and infrastructure, as well as addressing cross-cutting issues such as gender, environment and governance, is needed and highly effective in achieving health Millennium Development Goals through shared responsibility.

  Kyrgyzstan established an effective partnership among government, commercial private producers and other interested parties to address the specific health objective of reducing iodine deficiency.

  Indonesia has developed a broader approach in planning and implementation that integrates health and non-health concerns across all relevant sectors in the context of decentralization.

  Incorporating components addressing health issues in projects that are not directly related to the health sector is an effective way to improve health indicators and avoid any adverse effects on health. For example, transport infrastructure is essential for ensuring access to health services in terms of both supply (provision of quality health services and supplies) and demand (users' access to such services), but could also have negative impacts that need to be mitigated, such as the spread of HIV/AIDS and communicable diseases.

  Another example is that there is a possibility that a microcredit project involving women might inadvertently affect children's health because it demands too much time from mothers without offering alternative support for the children in the short term.

Leadership and ownership

- Leadership and ownership at all levels are essential to increase the priority attached to the health Millennium Development Goals. Strengthened analysis of the economic benefits of health will contribute to increasing the priority of health. Capacity for research and analysis needs to be developed.

- Health is more than the absence of disease; it includes physical, social, mental and spiritual well-being. Therefore, health should be the concern of everyone.

- Cross-sectoral actions in support of health Millennium Development Goals need to be integrated in strategic planning and budgeting at the macrolevel, where competing national priorities are identified and selected.

- Governments may consider establishing a high-level, multisectoral national steering committee that monitors and evaluates programmes to facilitate cross-sectoral actions and coordination

Economic growth

- Significant investments needed to meet the Millennium Development Goals require appropriate domestic resources — including from the private sector
- Economic growth is ultimately the only road to financial self-sufficiency on a sustainable basis
- In the meantime, increased ODA aligned with national priorities will still need to be mobilized, particularly by the low-income countries of the region

Participation

- People's will to be healthy is often underestimated. An approach that takes the perspective of human security and emphasizes protection from threats and empowering people is essential
- People's lives are multisectoral. People are making multisectoral decisions for themselves every day. Therefore, a decentralized cross-sectoral approach most closely conforms with people's actual lives
- Decentralization facilitates participation of all stakeholders in decision-making at the local level, thereby strengthening local ownership and sustainability. Joint health committees established at the local level in Indonesia are an example of the institutionalization by the Government of a participatory process. Involvement of NGOs and civil society plays an important role
- The bottom-up approach implies that lower levels influence decisions at higher levels. Health and education can be entry points for promoting rural development based on participatory approaches, particularly in fragile States

Sharing knowledge and building capacity

- There is a need for more generation, management and sharing of knowledge about effective cross-sectoral actions for health
- Focusing on health outcomes inherently leads to a cross-sectoral focus, while focusing on inputs tends to emphasize individual sectors
- Identifying good practices requires evaluation to assess the outcomes and determine the factors of success and failure. This requires appropriate tools; for example, health-impact assessments
- Evaluations will enable us to scale up successful interventions by sharing experiences in the region and in other regions
- Least developed countries, island States, fragile States and States emerging from conflict need particular attention
- Regional and South-South cooperation should be encouraged as an effective way of sharing knowledge and experiences

Session C: securing resources and increasing effectiveness to achieve the health Millennium Development Goals

Current resources for health fall far short of needs in most countries. It is a challenge for countries to be able to afford basic health services for their populations, ensure financial protection and achieve the Millennium Development Goals. High levels of out-of-pocket spending dominate and are indicative of limited risk-pooling and financial protection. As a result of the economic structures in many countries, domestic resource mobilization efforts are frequently severely constrained and are not efficient, equitable, or sustainable. Moreover, available resources are frequently not used effectively. This comes at a time when the need for scaling up programmes is putting already weak health systems under increasing strain. Health-sector-specific bottlenecks and other institutional and macroeconomic absorptive capacity constraints often preclude the effective use of available external funding. Moreover, health and nutrition transitions are putting new cost pressures on countries in terms of growing populations, ageing and higher dependency ratios. Thus, it is important to improve domestic resource mobilization efforts, obtain external grant funds and ensure that funds are spent in an equitable and efficient manner. Health investments need to be guided by clear and effective strategies linked to outcomes, closely aligned with broader national development processes, such as in PRSPs and SWAPs/PBAs, and be consistent with medium-term expenditure frameworks. Effective macroeconomic management is a critical concomitant for providing the "fiscal space" needed to absorb large new external investments in health and laying the bases for sound future financing of Asia's health systems.

The cases of Thailand and Bangladesh provide important examples of countries which are effectively grappling with these financing issues. In the case of Thailand, the Government has now achieved universal coverage by extending coverage to 18 million uninsured for a basic package of essential services under the "30 baht scheme" and increasing the Ministry of Health's budget in a strongly pro-poor manner by focusing on rural primary health facilities, including community hospitals and health centres. Political will and leadership were critical concomitants of implementing the reform, as were peace and economic growth, which provided the fiscal space for increased allocations to the health sector. As a result of these policies, Thailand has achieved universal coverage and better financial protection for the poor, improved allocative efficiency through a more effective focus on primary care and the poor and increased public health spending to over 10 per cent of the national budget. The country is also earmarking tobacco and alcohol taxes for health in order to ensure long-term sustainability.

In the case of Bangladesh, the Government has not yet achieved universal coverage of health services but has over the past five years focused spending on the Essential Services Package (ESP) — thus shifting resources from the tertiary and secondary to the primary level. It has increased its budgeting allocation in real terms by about 17 per cent, and donor support has increased by some 60 per cent. The proportion of public health expenditure going to ESP rose by over 50 per cent. The country has committed to increased allocations to the Ministry of Health and Family Welfare budget by at least 10 per cent annually, while efforts will be ongoing to increase the absorptive capacity through improved and more transparent procurement and financial management systems. The Ministry will reallocate resources to the poorest districts and design and implement a beneficiary

identification system in order to target public subsidies in favour of the poor, thus ensuring a reduction in health inequalities. Furthermore, the Ministry has already initiated demand-side financing pilots (e.g., vouchers for maternal health) as an alternative way of reaching the poor. The Ministry is also moving towards more diversified service provision through greater public-private partnerships.

Important remarks and lessons were shared by the delegates from France, the International Planned Parenthood Federation, Mongolia, Tonga, the Joint United Nations Programme on HIV/AIDS, the United Nations Children's Fund (UNICEF), the United States of America, Pakistan, Malaysia, the Economic and Social Commission for Asia and the Pacific, the Global Alliance for Vaccines and Immunization, the United Nations Population Fund, Nepal and Japan. The importance of donor coordination, the need to include NGOs in national health strategies, accountability and the importance of sharing Asian experience were highlighted. The United States delegate informed the group about a new maternal, newborn and child health partnership, which will be launched at the United Nations General Assembly in September. UNICEF shared its 10 principles for developing Millennium Development Goal-oriented health systems and policies. The Japanese delegate stressed the importance of ownership, country-specific approaches and the importance of the complementarity of aid approaches.

Ways to secure resources and increase effectiveness

- Taking into account country-specific demographic and epidemiologic trends is critical for developing both short- and long-term financing strategies
- Securing adequate public and private resources in an equitable, efficient and sustainable manner linked to results is critical for achieving the Millennium Development Goals and preventing individuals from falling into poverty from health shocks
- Improving domestic resource mobilization is a critical concomitant of effective and equitable financing policies
- Using resources more effectively can result in both important health gains and improved equity
- Obtaining increased external grant funding through better alignment of country and donor strategies and removing barriers to the effective use of external funds are necessary conditions for meeting the Millennium Development Goals, particularly in low-income countries
- Improving the predictability, longevity and coordination of donor aid is essential for reducing transaction costs for countries, creating fiscal space and ensuring medium- to long-term financial sustainability
- Placing economic growth at the heart of the overall development policy is essential to ensure sufficient and sustainable finance needed to realize health Millennium Development Goals
- Peace and security are necessary conditions for sustainable efforts in health, development and fiscal space. The imperative to preserve health infrastructure against wilful destruction in conflict situations was emphasized

- Promoting and strengthening support for South-South cooperation is an effective way of sharing good practices and know-how among developing countries faced with similar challenges and should be supported by donor countries.

- Building public and private partnerships among various stakeholders at the community, national and international levels is important for mobilizing resources, effective service delivery and increasing development impacts.

Session D: promoting equity in access to quality health services

Many countries in the region are making good progress in achieving the health Millennium Development Goals. However, regional averages mask a widening of health inequalities and increasing inequalities to access to quality health services. This session discussed key dimensions of equity in relation to the health Millennium Development Goals and considered ways to close the disparities.

Among the main points raised at the session were the following:

Key dimensions of equity

- Important health inequities exist in the Asian region, as in other regions.

- There are many important sources of inequity in health: social disparities involve gender; geographic, urban-rural, economic, ethnic and other factors. The situation varies greatly among countries and regions.

- Even basic health services intended to reach the poor normally achieve higher coverage rates among the better off, thereby exacerbating disparities.

- Reaching the poor and excluded is not only a human rights imperative but also essential for reaching Millennium Development Goals.

Ways to close disparities

- Protect the poor by integrating health dimensions in poverty reduction strategies.

- Identifying and remaining vigilant to the existence of disparities in health service coverage constitutes an important starting point. For this purpose, there is a need for collecting and analysing data on health that are disaggregated by economic status, gender and other factors of inequity.

- An approach based on the perspective of human security, which places the focus on individuals and emphasizes protection from threats and fear as well as empowerment of the people, is important in addressing disparity.

- To address health disparities related to gender, promotion of women's empowerment, gender equality and universal access to reproductive health services in accordance with the Beijing Platform for Action and the International Conference on Population and Development Programme of Action are important. In this context, it was suggested that the target of universal access to reproductive health by 2015 be added, in relation to Millennium Development Goal 5 to address women's health beyond mortality prevention — while also recognizing its importance in combating HIV/AIDS

and reducing child mortality, as well as in promoting gender equality and eradicating poverty.

- Many different techniques for orienting health services towards the poor have been found to work well in certain situations. Examples covered in the discussion include:

  Focus on poor areas during the initial stages of a universal coverage programme. While blanket approaches can be effective, for the most marginalized, special intervention may sometimes be needed. One way of doing this is by giving high priority to delivering services to districts with low levels of human development.

  While improving services for everybody and creating more service-oriented attitudes on the part of health staff are important to reach the poor and marginalized, one cannot reach them just by waiting in health facilities for people to come to use the services. Outreach to bring services to people and empowerment of people to raise awareness of the need to use services and of the right to demand good services is as important.

  Support NGOs shown to work effectively with marginalized and low-income communities.

  Participatory project development has been shown to work more effectively than a top-down approach in addressing equity.

  Provide subsidized health insurance to poor individuals identified through a means test, as in the Philippines. The Philippines national health insurance programme, "Philhealth", succeeded in extending coverage to 84 per cent of the population, including the self-employed and migrant workers, through cross-subsidy between central Government, local government and the relatively well off.

  Cambodia's equity fund, currently under development, aims, inter alia, to facilitate access for the poorest to priority public health services and to protect the poor from falling into deeper poverty due to catastrophic health events.

  Viet Nam has established a health-care fund for the poor that, since 2002, has provided free care for more than 14 million people and covered 77 per cent of Viet Nam's poor people in a joint effort of the Government and the society. Viet Nam also has a health-care network at the grass-roots level through which national programmes to control such diseases as tuberculosis, leprosy, malaria, goiter have been successfully implemented.

  Monitoring access to essential health services, including reproductive health services, and health outcomes based on appropriate indicators and a multisectoral system such as a high-level steering committee is necessary for addressing health inequity.

  Changing attitudes requires person-to-person communication but also the promotion of social dialogue by diverse groups. This social dialogue is needed for widespread attitude and behavioural changes that help individuals make decisions that were not part of their deep-rooted traditions.

Appendix

List of participants in the High-level Forum on Health Millennium Development Goals in Asia and the Pacific

Countries

Australia
Bangladesh
Bhutan
Brunei Darussalam
Cambodia
China
Fiji
France
India
Indonesia
Japan
Korea
Kyrgyzstan
Lao People's Democratic Republic
Luxembourg
Malaysia
Mongolia
Myanmar
Nepal
Pakistan
Papua New Guinea
Philippines
Samoa
Singapore
Sri Lanka
Thailand
Tonga
United Kingdom of Great Britain and Northern Ireland
United States of America
Viet Nam

Organizations

Asian Development Bank
European Commission
Economic and Social Commission for Asia and the Pacific
Global Alliance for Vaccines and Immunization
International Monetary Fund
International Planned Parenthood Federation
Joint United Nations Programme on HIV/AIDS
United Nations Development Programme
United Nations Population Fund
United Nations Children's Fund
World Bank
World Health Organization